

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF NORTH CAROLINA

MAXWELL KADEL, et al.

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Plaintiffs

)

) Cause No.

vs.

) 1:19-cv-00272-

) LCB-LPA

DALE FOLWELL, et al.

)

)

Defendants

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VIDEO ZOOM DEPOSITION OF DR. PAUL W. HRUZ

Taken on behalf of the Plaintiffs

September 29, 2021

Sheryl A. Pautler, RPR,

MO-CCR 871, IL-CSR 084-004585

(The proceedings began at 9:31 a.m. Eastern.)

1 THE VIDEOGRAPHER: Off the record at 6:00.

2 (Whereupon there was a short
3 break.)

4 THE VIDEOGRAPHER: We are back on the
5 record at 6:15. Excuse me.

6 [EXAMINATION]

7 QUESTIONS BY MR. KNEPPER:

8 Q. Dr. Hruz, in your testimony, you mentioned
9 additional studies that reflect your understanding
10 of the effect of hormone therapy in the patient
11 outcomes. Are you referring to studies in addition
12 to the study published by the American Journal of
13 Psychiatry for Branstrom and Pachankis?

14 A. Yes, yes. I'm aware of actually very
15 recently there's been another study. I may have
16 mentioned it earlier but have not had the
17 opportunity to go over those findings in detail. A
18 study by Hisle-Gorman in the Journal of Sexual
19 Medicine published very recently, which actually is
20 in complete agreement with the retracted Branstrom
21 paper showing that mental health utilization remains
22 elevated.

23 In fact, in that paper, this is a
24 population of children in the military and they
25 actually had a control group which were siblings to

1 the effected children with sex discordant gender
2 identity. And when they looked at after receiving
3 cross-sex hormones their mental health utilization
4 remained elevated. In fact, the use of psychotropic
5 medications increased in that study.

6 I think that's really in line noting
7 that the Branstrom paper the controversy surrounded
8 the conclusions related to surgical interventions.
9 But even before the retractions, it was acknowledged
10 the cross-sex hormones themselves did not have any
11 benefit. That was one of the original author's
12 conclusions.

13 Q. So I'm going to ask for you to look at
14 Exhibit 22.

15 A. Yes, I have that up.

16 (Whereupon Exhibit 22 was
17 introduced for identification.)

18 Q. (By Mr. Knepper) Is that the Hisle-Gorman
19 article you were referring to?

20 A. That is correct.

21 Q. And this article was published after the
22 submission of your report to this court?

23 A. That is correct.

24 Q. But --

25 A. Yeah.

1 Q. But you -- you -- when you're referring to
2 the science and recent studies, you're referring to
3 the reports discussed -- the articles discussed in
4 your report and also to this more recent article; is
5 that correct?

6 A. That is correct.

7 Q. Okay. Dr. Hruz, at one point you
8 mentioned the Dutch model and you mentioned -- let
9 me start over. In this context, when it was
10 referred to as the Dutch model, what are they
11 discussing, what are -- what are providers and
12 scientists discussing?

13 A. Yeah. So the original paper that came out
14 and was published that is often referred to as the
15 Dutch model was a group of predominantly males that
16 presented with prepubertal onset of gender dysphoria
17 and were followed over time. And many have drawn
18 attention to the fact that at the time that study
19 was done, the demographics of the people presenting
20 for care were quite remarkably different than the
21 current population. And indeed what was
22 predominantly a condition that affected males over
23 females is now reversed. And so females with male
24 gender identity is now the largest group.

25 The other difference in the patients

1 Q. Dr. Hruz, you mentioned very briefly in
2 response to plaintiff's counsel, the effect of sex
3 hormones on brain development during puberty. Can
4 you provide additional information about the state
5 of scientific knowledge on -- on that?

6 A. Yes. So there are many --

7 MR. GONZALEZ-PAGAN: Form.

8 A. So I understand the question, you're
9 asking me about whether there are any effects of
10 GnRH agonists on the developing brain. And the
11 answer to that is it's -- there -- it's an unsettled
12 question. There's many -- like the effects on bone
13 density are already known. There are many unknowns
14 about the affect of suppressing normal timed puberty
15 on brain development.

16 However, there is knowledge that it's
17 based upon the effects of sex steroids themselves
18 independent of suppressing it that have been studied
19 for many years. The state of the science is often
20 conflicting and unclear. The best data actually
21 comes from several animal models, sheep in
22 particular. But it involves the maturation of the
23 brain in areas, for example, of decision-making,
24 executive function.

25 And, you know, all of these features

1 are part of the whole adolescent process where an
2 individual is able to overcome the adolescent
3 impulsivity, the inability to see long-term
4 consequences of their action, all of the reasons why
5 in other areas adolescents are not allowed to make
6 decisions, for example, to purchase and drink
7 alcohol, to purchase and smoke cigarettes and to
8 vote, are all based upon that developmental process
9 that occurs.

10 Now, the science behind that is in
11 its rudimentary stages right now. It includes
12 structural studies. It includes functional studies.
13 You know, functional magnetic resonance imaging.
14 And really is put forward as a very important area
15 of research.

16 So, again, this is why this is
17 relevant, is that when we're talking about -- and
18 this came up earlier in this deposition, about the
19 differences between suppressing precocious puberty
20 from suppressing puberty during the adolescent
21 years. And that is the basis for the concern.
22 There is emerging science and much more science that
23 needs to be done.

24 So certainly the safest conclusion
25 would be that there are many unknowns and many